

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health BUREAU OF VITAL STATISTICS		State File No. <b>350</b>
1. PLACE OF DEATH		County <u>Maricopa</u> State <u>ARIZONA</u>		Registered No. <u>349</u>
Township _____ or Village _____		City <u>Phoenix</u> No. <u>3748 South Central Ave.</u>		Ward _____
Length of residence in city or town where death occurred <u>1</u> yrs. <u>6</u> mos. _____ ds.		(If death occurred in a hospital or institution, give its NAME instead of street and number)		How long in U. S. if of foreign birth _____ yrs. _____ mos. _____ ds.
2. FULL NAME <u>Truman Lee Pritchard</u>		How long in state when death occurred <u>1</u> yrs. <u>6</u> mos. _____ ds.		
(a) Residence: No. <u>3748 South Central Ave.</u> St. _____		Ward _____ (If residence of city or town and state)		
PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Single</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				
6. DATE OF BIRTH (month, day, and year) <u>August 10, 1920</u>				
7. AGE	Years <u>16</u>	Months <u>6</u>	Days <u>4</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____			
	10. Date deceased last worked at this occupation (month and year) _____			
11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (city or town) (State or Country) <u>Texas</u>				
FATHER	13. NAME <u>J. A. Pritchard</u>			
	14. BIRTHPLACE (city or town) (State or Country) <u>Texas</u>			
	15. MAIDEN NAME <u>Nolie Burnett</u>			
MOTHER	16. BIRTHPLACE (city or town) (State or Country) <u>Texas</u>			
	17. INFORMANT (Address) <u>J. A. Pritchard 3748 South Central Ave.</u>			
18. BURIAL, CREMATION, OR REMOVAL. Place <u>Double Butte</u> Date <u>2-16-1937</u>				
19. EMBALMER (License No. _____) Signature <u>[Signature]</u> FUNERAL DIRECTOR (Address) <u>617 North Central Ave.</u> <u>[Signature]</u>				
20. Filed <u>2-16-1937</u> <u>[Signature]</u> Registrar				
MEDICAL CERTIFICATE OF DEATH				
21. DATE OF DEATH (month, day, and year) <u>Feb 14, 1937</u>				
22. I HEREBY CERTIFY, That I attended deceased from <u>Feb 14, 1937</u> to <u>Feb 14, 1937</u>				
I last saw him alive on <u>Feb 14, 1937</u> ; death is said to have occurred on the date stated above, at <u>7:20 p.m.</u>				
The principal cause of death and related causes of importance were, as follows: <u>Intestinal Obstruction</u> <u>Probably voluntary</u>				
Other contributory causes of importance: <u>antipyref</u>				
Name of operation _____ Date of _____				
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>				
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____				
Where did injury occur? _____ (Specify city or town, county and State)				
Specify whether injury occurred in industry, in home, or in public place.				
Manner of injury _____				
Nature of injury _____				
24. Was disease or injury in any way related to occupation of deceased? _____				
If so, specify _____ (Signed) <u>[Signature]</u> M. D.				
(Address) <u>[Signature]</u>				